

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99052 Office of Registrar of Vital Statistics.

Ward, 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Jackson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

60

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Politician

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Annapolis

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

{ Give Street and Number. }

218 W. Biddle St

Cause of Death,

{ First (Primary),

Second (Immediate),

Carcinoma of Stomach

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Apr 8th 1887

Undertaker,

Sam W. Chase

Place of Business,

64 S Howard St

Address,

R. M. Keane

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99053

Office of Registrar of Vital Statistics.

Ward

2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 4th, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Boss

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

2 Years,

5 Months,

2 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give Street and Number. }

524 S. Wolf St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Pneumonia

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Evangelical

Date of Burial,

April 6th 1887

Undertaker,

H. Sander

Dr. H. Rehberger M. D.

Medical Attendant.

Place of Business,

1709 Canton St

Address, # 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

99054

Office of Registrar of Vital Statistics.

Ward

1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1887

CERTIFICATE OF DEATH.

B

Date of Death,

April 4 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Adelaide Kelly

Sex, Male or Female,

Cross out the word not required in this line.

Age,

27

Years,

5

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Butcher

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give Street and Number.

806 Hair St
Stare St

Cause of Death,

First (Primary),

Second (Immediate),

Phthisis Pulmonalis
3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

April 7 1887

Undertaker,

H. Sander & Son

Place of Business,

1710 Canton St

Address,

2826 E. 11th St

Medical Attendant.

E. D. Williams, M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99055

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry E Stelling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, Days.

Color, W.

Married, Single, Widowed or Widower, {Cross out the words not required in this line.} Single

Occupation, V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1103 N Wolfe St

Cause of Death, {First (Primary), Pneumonia
Second (Immediate), Apnoea

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Harvilldegrace

Date of Burial, April 7th 1887

Undertaker, A. L. Gage M. D.

Place of Business, 115 N. Gay St Address, 1053 N. Bay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to care of Diseases on each of this Certificate.

Health Department, City of Baltimore.

Permit No. 99056 Office of Registrar of Vital Statistics. Ward 7⁹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Abrams

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 69 Years, - Months, - Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Baltimore Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 69 years

Place of Death, { Give Street and Number. } 802 N. Broadway

Cause of Death, { First (Primary), Second (Immediate), } old age

Duration of Last Sickness, Been failing for last two years or more

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, April 8th 87

{ Undertaker, M. A. Daigne Attorney } Thos J. Simmons M.D. M. D.

{ Place of Business, 229 S. Bwy. } Address, 802 N. Broadway Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99057 Office of Registrar Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 5th 1887

Full Name of Deceased, Leticia H. Herman

Sex, Female

Age, 33 Years, 2 Months, 2 Days

Color, White

Married, Single

Occupation, ✓

Birth Place, York Pa.

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, 626 N Chester St.

Cause of Death, Heart disease complicated with Albuminuria
Cresemia with heart failure

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Halley Cross Cem.

Date of Burial, April 9 1887

Undertaker, John Herman M. D.

Place of Business, 2008 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the blanks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99058

Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Janowski

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

6 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give Street and Number. }

842 S. Bond St

Cause of Death,

{ First (Primary),

Second (Immediate),

Capillary Bronchitis

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cmi

Date of Burial,

April 7. 87

Undertaker,

Felix Broschowski

John H. Rehberger

M. D.

Medical Attendant.

Place of Business,

1732 Abram

Address,

1709 Alice Annah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99059 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is required to present this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lydia E. Kane

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 4 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

17 Lee St

Cause of Death, { First (Primary), }

Second (Immediate),

Capillary Bronchitis
two (2) days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 8th 1887

{ Undertaker, C. F. Hance }

E. Michener

M. D.

Medical Attendant.

{ Place of Business, 2037 Hanover }

Address, 526 May St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Board of Health, City of Baltimore,

Permit No. 99060 Office of Registrar of Vital Statistics. Ward 11 ¹¹/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 6/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis & Margaret McElroy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 48 Months, 48 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 98 Richmond St

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 98 Richmond St

Cause of Death, { First, (Primary,) crane of vertebrae fr. partial separation of cord }
{ Second, (Immediate,) — }

Duration of Last Sickness, See within 1 hour of birth
All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 7/87

{ Undertaker, Chas. J. Schuer } Dr W D Smith M. D.,
Medical Attendant.

{ Place of Business, 925 Madison } Address, 178 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99061* Office of Registrar of Vital Statistics.

Ward *17th*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 5th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Theresa Stowski*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *5* Years, *5* Months, *17* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Domestic*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Balt., Md.*

Duration of Residence in the City of Baltimore, *17* years

Place of Death, { Give Street and Number. } *1511 Gussrough St.*

Cause of Death, { First (Primary), Second (Immediate), } *Malarial Fever*
Convulsions

Duration of Last Sickness, *17* days

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Church*

Date of Burial, *7 April 1887*

Undertaker, *Barred Hark*

Place of Business, *115 West St*

Robert C. Rowe M. D.
Medical Attendant.

Address, *1019 Light St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]